

**BLANK APPLICATION FORMS**

<p style="text-align: center;"><b>DSS-3101 (Rev. 7/88)</b></p> <p style="text-align: center;"><b>APPLICATION FOR TRAINING CONTRACT</b></p> <p>ERIE COUNTY DEPARTMENT OF SOCIAL SERVICES</p>	<p style="text-align: center;"><b># OF TRAINEES</b></p>	<p style="text-align: center;"><b>CONTRACT PERIOD</b></p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; text-align: center; padding: 2px;"><b>FROM</b></td> <td style="width: 50%; text-align: center; padding: 2px;"><b>TO</b></td> </tr> </table>	<b>FROM</b>	<b>TO</b>	<p style="text-align: center;"><b>PROJECT BUGET</b></p> <p style="text-align: center;">\$</p>
<b>FROM</b>	<b>TO</b>				
ORGANIZATION NAME, ADDRESS AND TELEPHONE NUMBER	PROJECT ADDRESS AND TELEPHONE NUMBER (if different)				
OFFICIAL AUTHORIZED TO SIGN CONTRACT (Name and Title)	PROJECT DIRECTOR (Name)				
OFFICIAL SIGNATURE	PROJECT DIRECTOR SIGNATURE				
ORGANIZATION'S FEDERAL TAX IDENTIFICATION NUMBER					
<p>INCORPORATION (Check One)</p> <div style="display: flex; justify-content: space-between;"> <span><input type="checkbox"/> Incorporated</span> <span><input type="checkbox"/> Not Incorporated</span> </div>					
<div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <p>Identify State in which organization is Incorporated _____</p> <p>If organization is not incorporated in NY, is it authorized to do business in NY <input type="checkbox"/> Yes <input type="checkbox"/> No</p> </div> <div style="width: 50%;"> <p>If not incorporated check type of organization</p> <div style="display: flex; flex-direction: column; gap: 5px;"> <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietorship <input type="checkbox"/> Unincorporated Association <input type="checkbox"/> Other (Please specify) _____ </div> </div> </div>					
<p>Check type of Corporation</p> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input type="checkbox"/> Business <input type="checkbox"/> Religious <input type="checkbox"/> Not for Profit/NYS Department of State Charitable Registration Number _____ </div> <div style="width: 50%;"> <input type="checkbox"/> Membership <input type="checkbox"/> Other (Please specify) _____ </div> </div> <p>Or exemption (Please specify) _____</p>					
<p>CHECK ALL THE ITEMS BELOW WHICH APPLY TO THE ORGANIZATION:</p> <div style="display: flex; justify-content: space-between; margin-top: 10px;"> <input type="checkbox"/> Small Business Organization <input type="checkbox"/> MBE (Minority-Owned or Directed) <input type="checkbox"/> WBE (Women-Owned or Directed) </div>					
IF EDUCATIONAL INSTITUTION IDENTIFY ACCREDITATION STATUS AND ACCREDITING BODY:					
LIST THE RFP PROJECT TITLE AND PROJECT CODE:					
<b>PACKAGE CONTENTS AND ORDER</b>					
DSS-3101 Application	DSS-3104 Project Budget	DSS-3341 Project Work Plan			
DSS-3102-3 Training Activities List	Project Narrative	DSS-3105 Biographical Sketch			
DSS-3103 Unit-Cost Summary	DSS-3856 Training Activity Summary/Project Staffing Plan				

DSS-3101 Application for Training Contracts

Part II: Bidder Identification -

Please identify all of the terms below which apply to your organization:

	Yes	No
Non-Profit Organization	_____	_____
Small Business	_____	_____
Minority Business	_____	_____
Women-Owned Business	_____	_____

Are you incorporated? \_\_\_\_\_

a. If yes, in what State are you incorporated? \_\_\_\_\_

b. If you are not incorporated in New York, are you authorized to do business in New York? \_\_\_\_\_

What type of corporation are you?

\_\_\_\_\_ Business  
\_\_\_\_\_ Membership  
\_\_\_\_\_ Not for Profit  
\_\_\_\_\_ Religious  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

If you are not incorporated, you are a:

\_\_\_\_\_ Partnership  
\_\_\_\_\_ Sole proprietorship  
\_\_\_\_\_ Unincorporated association  
\_\_\_\_\_ Other (please specify) \_\_\_\_\_

What is your Federal Identification Number? \_\_\_\_\_

DSS-3102-3 (REV.7/88)      TRAINING ACTIVITIES LIST

1. ORGANIZATION		2. PROJECT RFP TITLE			3. PROJECT CODE		3a. CONTRACT YEAR		4. PROJECT COST					
5. TRAINING ACTIVITY	6. COST	7. # of OFFERINGS	8. # OF TRAINEES	9. # OF DAYS PER OFFERING	10. TOTAL TRAINING DAYS (Col. 7X9)	11. TARGET GROUP	12. (DSS USE ONLY)							
							IV-A	IV-D	IV-E	XIX	XX	OTHER		
13. TOTALS														

14. PURPOSE OF PROJECT:

## UNIT COST SUMMARY

## Degree Programs

## ORGANIZATION

	PROJECT COST
1. Project Management	\$100,000
2. Design & Engineering	\$200,000
3. Construction	\$800,000
4. Equipment	\$150,000
5. Contingency	\$50,000
Total	\$1,300,000

[illegible]



## PROJECT BUDGET

		PROJECT RFP TITLE:		PROJECT TERM:		
SECTION I: SUMMARY OF ESTIMATED COSTS						
A. DIRECT COST OTHER THAN TRAINEE	1. Personnel		1.		XXXXXXXXXX	
	2. Fringe Benefits		2.		XXXXXXXXXX	
	3. Equipment		3.		XXXXXXXXXX	
	4. Consumable Costs		4.		XXXXXXXXXX	
	5. Staff Travel		5.		XXXXXXXXXX	
	6. Subcontractor/Consultant Cost		6.		XXXXXXXXXX	
	7. Other		7.		XXXXXXXXXX	
	8. TOTAL - Direct Cost other than Trainee Cost		8.	XXXXXXXXXXXXXXXXXX		
B.  DIRECT COST TRAINEE	1. Stipends		1.		XXXXXXXXXX	
	2. Tuition and Fees		2.		XXXXXXXXXX	
	3. Travel and Per Deim		3.		XXXXXXXXXX	
	4. TOTAL - Direct Cost (Trainee)		4.	XXXXXXXXXXXXXXXXXX		
C.TOTAL	1. TOTAL -DIRECT COST (A8 + B4)			XXXXXXXXXXXXXXXXXX		
D.  INDIRECT COST	RATE:	RATE APPROVED BY FEDERAL GOVERNMENT			XXXXXXXXXX	
	%	<input type="checkbox"/> Yes-(attach copy of agreement) <input type="checkbox"/> No-(attach explanation)			XXXXXXXXXX	
	(CHECK ONE) Salary Base <input type="checkbox"/>	Total Allowable Direct Cost <input type="checkbox"/>	Other (explain in remarks below) <input type="checkbox"/>	Rate  X	Base  Total INDIRECT = COST	
E.	TOTAL PROJECT COST (C1 + D)					
F.	AMOUNT TO BE REIMBURSED					
REMARKS:						

**DSS-3104 (REV. 7/88)**

## SECTION II: PROJECT PERSONNEL COST

A.	NAME	TITLE	BASE SALARY	% TO PROJECT	TOTAL SALARY CHARED TO PROJECT
B.	TOTAL ALL PERSONNEL SALARIES				
C.	TOTAL FRINGE BENEFITS				
D.	EXPLANATION OF FRINGE BENEFIT CALCULATION				
E.	* SPECIAL SALARY NOTES:				

- If project if for 12 months, enter Annual Salary. If Project is for other than 12 months, use salary for the total number of months of this Project. (eg.If Projects for 9 months, use 75% of Annual Salary as the Base.)



## SECTION III: SCHEDULE OF ESTIMATED EQUIPMENT COST

A.	PURCHASE COST ITEM DESCRIPTION	NUMBER OF ITEMS	UNIT PRICE	ESTIMATED COST
	TOTAL EQUIPMENT PURCHASE COST	A.		
B.	RENTAL COST ITEM DESCRIPTION	NUMBER OF ITEMS	UNIT PRICE	ESTIMATED COST
	B.TOTAL EQUIPMENT RENTAL COST			
	C.TOTAL EQUIPMENT COST (A + B)			

#### SECTION IV: SCHEDULE OF ESTIMATED CONSUMABLE SUPPLIES

[illegible]

[illegible]

## SECTION VI: SCHEDULE OF ESTIMATED DIRECT TRAINEE COST

A.	STIPENDS	ESTIMATED COST
	TOTAL	
B.	TUITION AND FEES	
	TOTAL	
C.	TRAVEL AND PER DIEM	
	TOTAL	

TRAINING ACTIVITY SUMMARY  
Erie County Department of Social Services  
Division of Human Resource Development

ORGANIZATION: \_\_\_\_\_ PROJECT CODE: \_\_\_\_\_

PROJECT \_\_\_\_\_ TITLE: \_\_\_\_\_

ACTIVITY OR

COURSE TITLE:

TARGET GROUP: \_\_\_\_\_

\_\_\_\_\_

	I	II	III	IV	V
VI					

No. Trainees per Region

Training Activity Description (include topics to be covered; training methodology; curriculum and materials to be developed if any; and special considerations)

COURSE TOPICS:

COURSE OBJECTIVES:

TRAINING METHODOLOGY:

CURRICULUM AND MATERIALS TO BE DEVELOPED:

SPECIAL CONSIDERATIONS:





## PROJECT WORK PLAN

[illegible]